. N	AISS	50 1	JRI	DÍ	VIS	ION OF HEA	LTH - STAND		_			-63-	006155
DO NOT WRITE	., .		NDEC	ان م آن	D E I C	gistration District No	783 Prin	ary Registration	District No. 30	22 Registrar's N	0. 14	STATE F	LE NUMBER
ON THIS STUB		VMF	MDFC	<u>'</u>		FILEDFI	EB 1 9 1983			II o siesses prese			
VS 300	<u> </u>	:	1	1			Harrison			a. STATE MC	b. CO	^{lunty} Harris	orion: Residence before admission)
Rev. 4/59	S	2	H	11		OP .	porate limits, give TOWN		Length of stay in 1	b c. CITY	· · · ·		Inside Limits
1. 41. 4	AMENDED				_		Oak Towns		Life	TOWN Ne	w Hampte	on, R.F.D.	Yes 🗆 No 🏋
6-410						C. FULL NAME OF (IF N HOSPITAL OR INSTITUTION	(OT in hospital, give loca	ion)	Inside Limits	II. ADDRESS	(If	cutside, give location)	Reside on Farm
3410.	DATE	5			_	INSTITUTION	Home	_	Yes O No.X	3	<u> 1/2 mi</u>	S.E.	Yeave No 🗆
3	l		H	- † i	_3		First	- 1	Aiddle	Last	4. DATE	Month	Day Year
						(Type or print)	Joyce	Elaine	Hill		OF DEATH	Feb. 12	1963
4 /	'				-5	. SEX	6. COLOR OR RACE	7. Married				oirthday) IF UNDER 1	YEAR IF UNDER 24 HR
5 Q.					i _	Female	White	Widowed [_ a/vo/o	2		Days Hours Min.
	,,				70	a. USUAL OCCUPATION (during most of working		10b. KIND OF	BUSINESS OR INDÚS		(City and state or	country) 12. CITIZE	N OF WHAT COUNTRY
	Ž۱									Albany	Mo.	U.S.	Α.
7 😅	Š.				13	i. FATHER'S NAME	. (1 77.233	1	OTHER'S MAIDEN NA		14. N	AME OF HUSBAND OR	WIFE
	ଥ				٠.,	DONA LO . WAS DECEASED EVER	C. Hill		Vilma Jea			none Address	
	AS			'		s, no or unknown) (If)			CIAE SECORITI NO		^ TI = 1 1		17
9 9	ARE] '	!		1 –	18. CAUSE OF DEATH (-	Donald		New Hampto	INTERVAL BETWEEN
10/				E S		PART I.		// /	1 - 2 - 1 -		-0-	ti	ONSET AND DEATH
11 - 444	RECORD						IMMEDIATE CAUSE (a	Marke	-or also	ni (eco	a com	,	
<u> </u>	REC.	(١ğ		Condition	is, if any,] DUE TO (I	•					
1290-2	HIS		İΙ			which gar	ve rise to ause (a),	" 				_	
13/ -0	드	٠.	$\vdash \vdash$	-} ∣		stating th		:)				<u></u>	
	S	}			NO		OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO DE	ATH but not related	to the terminal	PART III. If doce there a	ased was female was pregnancy in last 90 days.
	Z.				CAT	•	7					☐ Yes	Mo □ Unknown
	AMENDMENTS				RTIF	19. WAS AUTOPSY PERFORMED2_ YES \(\begin{array}{c} NO \(\bar{K} \end{array} \)	20a. ACCIDENT SUICID	E HOMICIDE		HOW INJURY OCCURR	ED. (Enter nature of	finjury in PART For P	ART II of item 18.)
	2				ור ור	- 4	^ -		.39,				_ ·
. Z	¥				EDIC	20c. TIME OF Hould in INJURY a.m.	Month, Day, Year					•	,
INK RIBBON			1		W.	204 INJURY OCCURRE	D 20e, PLACE	OF INJURY (e.g	., in or about home,	20f. CITY, TOWN, O	OR ŁOCATION	COUNTY	STATE
		1	H			WHILE AT WORK	ORK farm,	actory, street, of	fice bldg., etc.)				
5 % E	DEAD	2	1		'	21., I attended the deco			to		and last saw her al	live on	
						Death occurred at.	10:55	T A	m on			of my knowledge, from	the causes stated.
USE PEW		<u> </u>	-	P		22s. SIGNATURE	109	or title)		22h ADDRESS	11	- n	22c. DATE SIGNED
E	j j	5	1 1				インス	trun	1, UO	· Kew	Hany	won tho	2-/3-63
•	-	+-	+	- ≩	23	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	I	OF CEMETERY OR		23d. LOCATION) (State)
.*		2		AFFIDA		Burlai	Z/14/63		er Cemete	OATE RECD. BY LOCAL	Harrison	n County	
	TCAA			×	24	FUNERAL DIRECTOR		ampton.	[12.10LA	20. 20.	all nu	Talla.
		=		á	(Vr. 1/00-CE	- 140 M 11			701100		ula !!!	azaj
						•		(Lice	insed Embalmer's Sta	itament on Reverse Sid	" <i>(</i> /		•

STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
orking under my personal supervision.	_ Signed William Nearge Volle
Signature of Student Embalmer	
	· Licensed Embalmer No. 4987

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.